

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 --- 1 3

2. STATE

MO

3. PROGRAM IDENTIFICATION: TITLE XIX OF
THE SOCIAL SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

34 CFR 300.601

7. FEDERAL BUDGET IMPACT:

a. FFY \$

b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.16-209

9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION
OR ATTACHMENT (If Applicable):

Grunson (02-13)

10. SUBJECT OF AMENDMENT:

Interagency agreement between Department of Elementary and Secondary Education and Social Services to document access
to Medicaid services for Medicaid eligible children with disabilities under Part B of IDEA.Approved: 09/04/02
Effective: 01/01/02

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPE NAME:

Dana Katherine Martin

14. TITLE:

Director

15. DATE SUBMITTED:

6/26/02

16. RETURN TO:

Division of Medical Services
615 Howerton Court
P.O. Box 6500
Jefferson City, MO 65102-6500

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

06/27/02

18. DATE APPROVED:

SEP 04 2002

PLAN APPROVED - ONE COPY ATTACHED

19. DATE OF THE REVIEW:

01/01/02

21. TYPED NAME:

Thomas W. Lenz

23. REMARKS:

CC:
Martin
Vadner
Waite
CO
DSG/DIATA

22. TITLE:

ARA for Medicaid & State Operations

SPA CONTROL

Date Submitted: 06/26/02

Date Received: 06/27/02

Cooperative Agreement Between
 The Missouri Department of Social Services, Division of Medical Services
 And
 The Missouri Department of Elementary and Secondary Education, Division of Special Education
 For
 Access to Medicaid Covered Services by Students with Disabilities under
 Part B of the Individuals With Disabilities Education Act (IDEA)

Purpose

This agreement documents that the Missouri Department of Social Services, Division of Medical Services and the Department of Elementary and Secondary Education, Division of Special Education and on behalf of students with disabilities and eligible for services under Part B of IDEA cooperate to enable Missouri school districts which enroll the target population to ensure that students who are Medicaid beneficiaries have access to Medicaid covered services and that the Medicaid program will pay for those services which are approved in the Missouri Medicaid State Plan. It is understood that participation in the Medicaid program is discretionary by schools. This agreement describes the methods which the two agencies have developed in cooperation with school district administrators for use by schools to participate in the Medicaid program and thereby, to receive funding for services provided to the target population. The participation options described herein as available by which schools to participate in the Medicaid program may change over time and will be reflected in periodic updates to this Cooperative Agreement.

1. State Agency Responsibilities

A. Department of Social Services, Division of Medical Services

The Department of Social Services (DSS), Division of Medical Services (DMS) is the Medicaid State Agency for Missouri and operates per Chapter 208, RSMo and Title XIX of the Federal Social Security Act (Medicaid). DMS is responsible for the administration of the medical assistance program in Missouri, except for determination of recipient eligibility for the program. This function is the responsibility of the DSS, Division of Family Services (DFS). DMS also administers Missouri's Title XXI State Children's Health Insurance Program (S-CHIP), while DFS determines eligibility for S-CHIP.

The DMS, in cooperation with the Federal administrator for the Medicaid program, the Center for Medicare and Medicaid Services (CMS) in Health and Human Services (HHS) have approved the following participation options by which Missouri public schools may participate in the Medicaid program and provide Medicaid covered services to students with disabilities. Detailed application materials are developed jointly by DMS and the Division of Special Education (DSE).

1. Direct Service Claiming: Licensed physical and occupational therapists, and certified speech therapists may enroll as providers with DMS to deliver medically necessary physical, occupational, and speech therapy to Medicaid and SCHIPS beneficiaries.

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2. **Administrative Claiming:** Schools may participate in one of two claiming options for services provided beneficiaries to assist them to access Medicaid covered services. Claims for services may be submitted to DMS for reimbursement of the federal portion of the approved payment rate with the state portion of the approved payment rate being funded by state funds distributed to schools.
3. **Transportation Claiming:** Schools may seek reimbursement from DMS for specialized non-emergency medical transportation provided beneficiaries. Claims for services may be submitted to DMS for reimbursement of the federal portion of the approved payment rate with the state portion of the approved payment rate being funded by state funds distributed to schools.
4. **Other Services Offered in the Medicaid State Plan:** Beneficiaries may also access via other approved providers for other Medicaid approved services that may be needed. Services may be provided through managed care contracts, as well as fee-for-service providers in situations prescribed by the DMS.

B. Division of Special Education

The DESE, DSE, is the state education agency responsible for the general supervision of special education provided by local schools throughout Missouri. In this role, it acts to oversee the compliance of schools with IDEA, Part B, and distributes federal funding provided via IDEA. In this role, it also is responsible for working with other state and local agencies to assist in coordinating resources needed to provide eligible students with a free and appropriate public education (FAPE).

2. Fiscal Policies

All fiscal administration of the Medicaid program is performed by DMS in accordance with the Medicaid State Plan. The Medicaid program will pay for approvable medically necessary services for Medicaid beneficiaries which may be included in the individual education programs (IEPs) of students with disabilities when the schools in which they are enrolled participate in the Medicaid program options available and when they comply with DMS program policies and procedures. The terms and conditions for payment of Medicaid funds are described in the State Medicaid Plan regarding the payment of Medicaid funds are prescribed

3. Interagency Disputes

The DMS provides procedures for the hearing and resolution of disputes with providers and well as beneficiaries which comply with federal Medicaid program requirements.

4. Coordination of Services:

The DMS has established policies and program management procedures to coordinate services among service providers of students with disabilities who may have medically necessary services in their IEPs but who also receive other health care services in addition or complimentary to those they receive for FAPE. Further, DMS performs various utilization review procedures to determine the degree of coordination or duplication, if any, which may be occurring among service providers regarding program beneficiaries.

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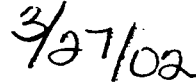
Approval Date SEP 04 2002

5. Terms of This Agreement

The period of this Cooperative Agreement shall be effective upon signature of both parties, and remain in effect until canceled by one or both parties. This agreement may be canceled at any time, upon agreement of both parties or by either party after giving thirty (30) days prior notice in writing to the other party, provided, however that financial arrangement(s) pertaining to this agreement shall remain in effect and reimbursement shall be made for the period when the agreement is in full force and effect. This agreement may be modified at any time by the written agreement of both parties.



for Dana Katherine Martin, Director
Department of Social Services



Date



Dr. D. Kent King, Commissioner
Department of Elementary
and Secondary Education



Date

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